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PRICE \$2800

PTO/SB/21 (08-00)

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| TRANSMITTAL FORM | | Application Number | |
|--|--|---|--|
| (to be used for all correspondence after initial filing) | | 09/456,230 | |
| | | Filing Date | |
| | | December 07, 1999 | |
| | | First Named Inventor | |
| | | Wakayama, et al. | |
| Group Art Unit | | 2816 | |
| Examiner Name | | Quan Tra | |
| Total Number of Pages in This Submission | | Ten | |
| Attorney Docket Number | | 13438US01 | |
| ENCLOSURES (check all that apply) | | | |
| <div><div><input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO 1449/08A with references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</div><div><input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____</div><div><input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div>TECHNOLOGY CENTER 2800 OCT 23 2003 RECEIVED</div></div></div> | | | |
| Remarks | | REQUEST FOR CONTINUED EXAMINATION; AND RETURN RECEIPT REPLY POSTCARD | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
| Firm or Individual Name | | McAndrews Held & Malloy, Ltd. | |
| Name (Print/type) | | Mirut P. Dalal, Esq. | |
| Signature | | Registration No. (Attorney/Agent) 44,052 | |
| | | Date: October 20, 2003 | |
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| "Express Mail" mailing label number : EV 164033769 US | | | |
| Date of Deposit October 20, 2003 | | | |



PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
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| | | | | | |
|---|--|--------------------------|------------------|---------------------|-----------|
| FEE TRANSMITTAL for FY 2004 Patent Fees are subject to annual revision. | | Complete if Known | | | |
| | | Application Number | 09/456,230 | | |
| | | Filing Date | December 7, 1999 | | |
| | | First Named Inventor | Wakayama | | |
| | | Examiner Name | Quan Tra | | |
| | | Group Art Unit | 2816 | | |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 1190.00 | Attorney Docket No. | 13438US01 |

| | | | | | |
|--|--|------------------------------------|--|---|--|
| METHOD OF PAYMENT | | FEE CALCULATION (continued) | | | |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | 3. ADDITIONAL FEES | | | |
| 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | | | | |
| FEE CALCULATION | | | | | |
| 1. BASIC FILING FEE | | | | | |
| Large Entity Fee Code (\$) | | Small Entity Fee Code (\$) | | Fee Description | |
| 1001 770 | | 2001 385 | | Utility filing Fee | |
| 1002 340 | | 2002 170 | | Design filing Fee | |
| 1003 530 | | 2003 265 | | Plant filing fee | |
| 1004 770 | | 2004 385 | | Reissue filing fee | |
| 1005 160 | | 2005 80 | | Provisional filing fee | |
| SUBTOTAL (1) (\$) | | | | | |
| 2. EXTRA CLAIM FEES | | | | | |
| Total Claims | | Extra Claims | | Fee from below | |
| Independent Claims | | - 20** = | | x | |
| Multiple Dependent | | - 3** = | | x | |
| Large Entity Fee Code (\$) | | Small Entity Fee Code (\$) | | Fee Description | |
| 1202 18 | | 2202 9 | | Claims in excess of 20 | |
| 1201 86 | | 2201 43 | | Independent claims in excess of 3 | |
| 1203 290 | | 2203 145 | | Multiple dependent claim, if not paid | |
| 1204 86 | | 2204 43 | | **Reissue independent claims over original patent | |
| 1205 18 | | 2205 9 | | **Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) (\$) | | | | | |
| *or number previously paid, if greater; For Reissues, see above | | *Reduced by Basic Filing Fee Paid | | | |
| | | SUBTOTAL (3) | | (\$) | |
| | | 1190.00 | | | |

| | | | | | |
|-------------------|-------------|--------------------------------------|----------|-----------|----------------|
| SUBMITTED BY | | Complete (if applicable) | | | |
| Name (Print/Type) | Mirut Dalal | Registration No. (Attorney or Agent) | 44,052 | Telephone | (312) 775-8000 |
| Signature | | Date | 10/20/03 | | |

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